

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36179  
Registrar's No. 1028

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'Reilly VA Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 3 days  
(Specify whether  
In this community Since Hospitalized  
years, months or days)

3. (a) PRINT FULL NAME Walter J. HUSCHLE

3. (b) If veteran, name war WW One  
3. (c) Social Security No. 328030537

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1-8-95  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 10 17 hr. min.

9. Birthplace Belleville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Foundry Worker

11. Industry or business

12. Name August G. Huschle  
13. Birthplace Belleville, Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Teresa Woelschook  
15. Birthplace Grantar, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address O'Reilly VAH, Springfield, Mo.

17. (a) Removal (b) Date thereof 11-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Belleville, Ill

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield Missouri

19. (a) 11-24-48 (b) W. L. Handley M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saint Clair  
(c) City or town Belleville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 N. Charles  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24  
year 1948 hour 5:30AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 11-21-47  
\_\_\_\_\_ 19, to 11-24-48 19;  
that I last saw him alive on 11-24-48 19;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Tuberculosis, pulmonary Duration  
chronic, far advanced, active.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Paul L. Eisele (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature PAUL L. EISELE (M. D. or other) \_\_\_\_\_  
Address VAH, Springfield, Mo. Date signed 11-24-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**